

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE
							APPLICANT(S) 10/069304	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	
2		1					52	
3		1					53	
4		1					54	
5		1					55	
6	1						56	
7		1					57	
8	1						58	
9		81					59	
10		1					60	
11		1					61	
12	1						62	
13		1					63	
14		41					64	
15		1					65	
16		1					66	
17		1					67	
18		1					68	
19		41					69	
20		41					70	
21		21					71	
22		1					72	
23		21					73	
24		1					74	
25		21					75	
26		1					76	
27		1					77	
28		01					78	
29	1						79	
30	1						80	
31	1						81	
32	1						82	
33		1					83	
34		1					84	
35		1					85	
36		1					86	
37		1					87	
38	1						88	
39		1					89	
40		1					90	
41		1					91	
42		1					92	
43		1					93	
44		1					94	
45		1					95	
46		1					96	
47	1						97	
48							98	
49							99	
50							100	
TOTAL IND.	4						TOTAL IND.	
TOTAL DEP.	16						TOTAL DEP.	
TOTAL CLAIMS	20						TOTAL CLAIMS	